ATTENDING PHYSICIAN OR HOSPITAL.
The bottom copy may be retained by the hospital

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF 22/61 DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED

8943 Item 8 Film G293 Reg. Dist. No

	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED						
	COUNTY Calvert MARYLAND	STATE Maryland COUNTY Calve	rt					
	CITY (It outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) TOWN LENGTH OF STAY (in this place)	City (N outside corporate Rmits, write RURAL end give neerest to OR TOWN Huntingtown	town)					
64	HOSPITAL OR INSTITUTION OR Calvert County Hospital, STREET ADDRESS Prince Frederick, Md.	STREET (It rurel give location) ADDRESS						
	3. NAME OF (first) (Middle) (Type or Print) Margarett Rachel Dare	(Lest) 4. DATE (Month) (DOF DEATH 8 14	(Year) 1961					
	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE O WIDOWED, DIVORCED, Aug.		EAR IF UNDER 24 HRS					
	done during most of working life, even if or INDUSTRY retired) Domestic	Calvert County, Md. U.	S.A.					
5	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
L) Alexander Dare Sr.	Rachel Dawn						
Negra	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) [If Yes, give wer or dates of service)	Mrs. Mary Margaret Chew	/					
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE (A) (A)	PIFICATION	INTERVAL BETWEEN ONSET AND DEATH					
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	erozis.						
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
	19a, DATE OF OPERATION 19b, MAJOR FINDINGS OF OPERATION		20. AUTOPSY?					
	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (# ETHER, NOTIFY MEDICAL EXAMINER)	Etc. WHERE DID INJURY OCCUR? (City or lown) (County)	YES NO (State)					
1	21d, TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e, INJURY OCCURRED While Not while et work at work							
1-55 10M	22. I hereby certify that I attended the deceased from	3.20M, from the causes and on the date stated a ADDRESS (Street, city, town, state) Huntingtown, Md.	t saw the deceased above. DATE SIGNED					
A15C 1-5	23. BURAL CREMATION, DATE THEREOF NAME OF CEMETERY OF BUTIAL 81 17-61 T St. John	sz Church Lower Marlborn	(Siete)					
1 is	DATE 16 1 8 '61 Arthur & Kraut	25. HOTERAL DIRECTOR'S SIGNATURE ADD	n. Md.					

ALL SAME STATE OF A TOMORY OF STATE BALTIMORE, TO CINDICADS Without Jean 1907 · - (250430) - 204 - 3 60 - 3 The state of the s

MEDICAL EXAMINER'S CERTIFICATE OF DEATH necessory, please exertor. Page 4 shauld be Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY o. STATE b. COUNTY Calvert Marvland Calvert MARYLAND b. CITY OR TOWN III outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Neeld's Estate, Plum Point, Md. Prince Frederick d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? Calvert County Hospital YES NO DO 3. NAME OF Middle 4. DATE Day Year DECEASED (Type or print) Fischer DEATH 19 61 Emma August 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | B. DATE OF BIRTH 9. AGE (In years REUNDER TYEAR IF UNDER 24 HRS Months August 3. Female WIDOWED | DIVORCED T White 63 yrs. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? U.S.A. New Hampshire Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Rose Billado Joseph Bureau Plum Point Md. 15. WAS DECEASED EYER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address none John E. Fischet . Neeld Estate. Md. No 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN BART I. DEATH WAS CAUSED BY: - hadr MAMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate cause DUE TO (o), stoting the underlying cause last. PART II. STHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(01/19, WAS AUTOPS) PERFORMED? NO 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. Henter noture of injury in Port I or Port II of items CERTIFI 20c. TIME OF INJURY Month./Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20h (City or town) (Stote) (detacy_street, affice bldg., etc.) Not while. at work of work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection Inquiry and find that death resulted from: Natural causes Hamicide , Undetermined cause Accident Suicide . DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER 00 SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** H.W. Ward DEPUTY MEDICAL EXAMINER NAME (Type) 22g. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) 0 8/5/67 Burio Glanwood Cemetery Washington D. C 23. FUNERAL DIRECTOR'S SIGNATURE 24g, REC'D BY REGISTRAR 746. REGISTRAR'S SIGNATURE Co. VS. ATSMEIS arthur S. Krous DATEAUG 5M 9/55

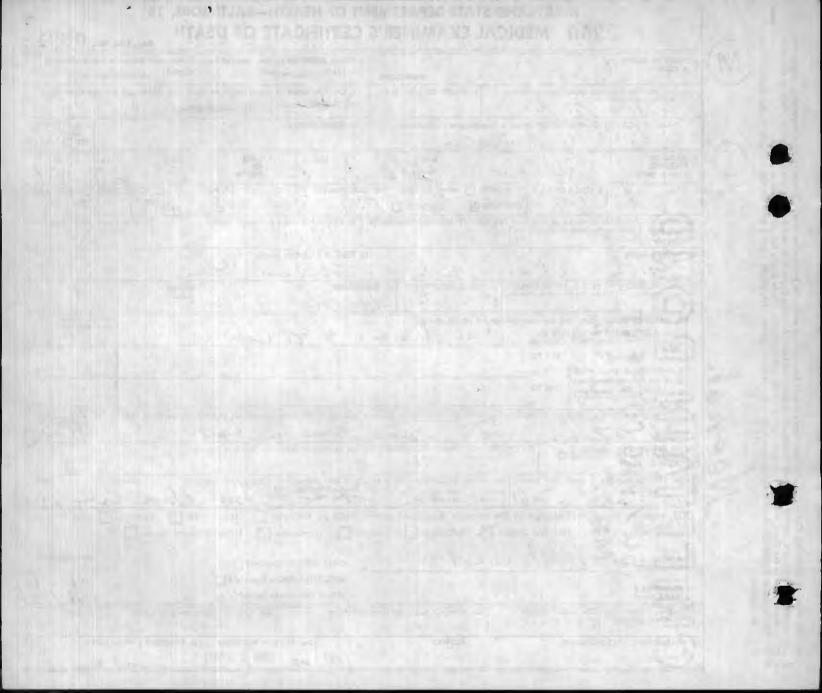
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH crematian, 8 Film G29 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY MARYLAND buriol, b. CIDY OR TOWN (If outside competito limits, while RURAL c. LENGTH OF STAY IN 16 c. CITTOR TOWN (If outside corporate limits, write RURAL and give negrest town) d. NAME OF HOSPITAL OK INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? DADITA YES NO NAME OF DATE Month Day Year DECEASED (Type or print) DEATH 19C 5. SEX 6. COLOR OR BACE 7. MARRIED | NEW MARRIED | 8. DATE OF BIRTH / 1896 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. Months Days Min. Hours WIDOWED M DIVORCED T yrs. 10a. USING OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working the, even if refired) 12. CITIZEN OF WHAT COUNTRY? cerne 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN M. S. ARMED FORCES? 16. SOCIAL SECURITY NO. It fee, give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per lipe, for (a), (b), and (g) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY 12 IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause DUE TO (a), stating the underlying couse lost. PART IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 50 PERFORMED? NOV 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. pino 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, foctory/ street, office bldg., etc.) 205 (Gity or town) (Stote) (County) Not while at work at work 21. I certify that I took charge of the remains described above, held an Autapsy []. Inspection . Inquiry , and find that to the Chief I deoth resulted from: Natural causes DA Accident Suicide . Homicide . Undetermined couse DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR-CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 0 KINGDAVID MEMORIAL GARDAN 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE - x donol-3501-1413 VS. AISME(S) 62961 Chilling & High

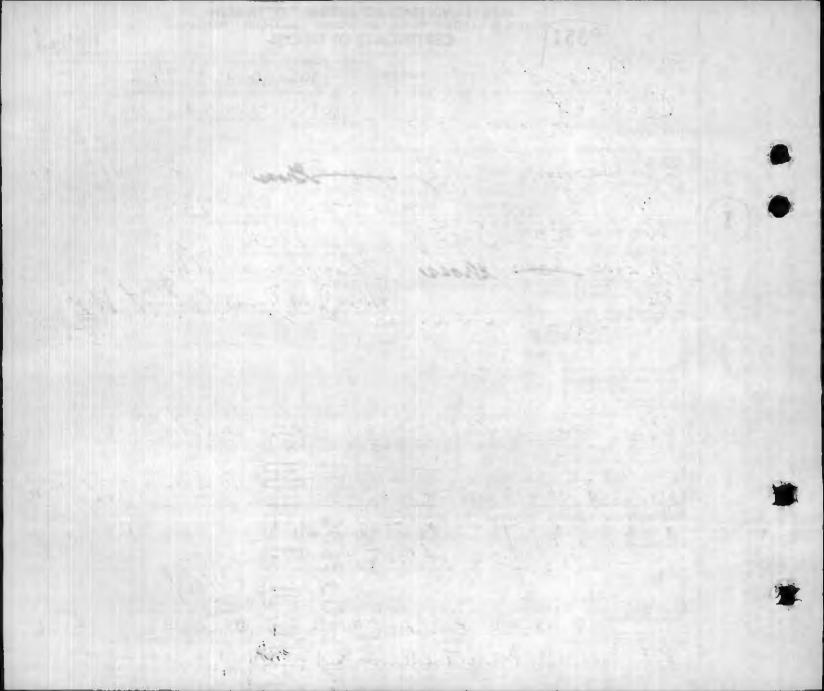
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

pending in 5M 9/55



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) h o. COUNTY a. STATE Filed b. COUNTY MARYLAND marilland funeral uld be fi b. CITY OR TOWN (If outside corporate limits, write RIRAL ond give nearest town) C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest lown) Olivet, md. d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO T NAME OF 4. DATE Year DECEASED filled Pages death. (Type or print) 64111 DEATH 9. AGE (In years IF LINDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOWOR RACE 7. MARRIED A NEVER MARRIED B. DATE OF BIRTH last birthdoy) Months Davs DIVORCED [WIDOWED | yrs. papers 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? cam during most of farfing life, even it pup pau 2 14. MOTHER'S MAIDEN NAME 13. FATHER'S MAM UID. wilhin physici 17 INCORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. attending 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET-AND DEATH PART I. DEATH WAS CAUSED BY hrm IMMEDIATE CAUSE (a) **DUE TO** gned b Canditions, if ony, which gave rise to immediate **DUE TO** couse (o), stoling the underertificate has been so as the burial-transit lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTINUTING TO DEATH BUT NOT RELATED TO THE FEMINAL DISSASE CONDITION OF PART I(a) (19. WAS AUTOPSY physic PERFORMED? YES I NOUT CERTIFIC 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (Chr) britof 20d INJURY OCCURRED (Stote) 20c. TIME OF INJURY Month, Day, Year toctory_street, office bldg., etc.) While Not white. al work of work 19 , that (I) (we) last ached saw the deceased alive an 19 , and that death occurred at _____M, from the causes and an the date stated abave. DIRECTOR: 220. SIGNATURE 22b, DATE SIGNED ATTENDING STAFF PHYS. be DIRECTOR T PHYS. 22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS plant page 3 sh the State FUNER 230 BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City/ town, or county) (Stote) REMOVAL (Specify) 0 ADDRESS 25b. REGISTRAR'S SIGNATURE 24, FUNERAL DIRECTOR'S SIGNATURE 250. REC'D BY REGISTRAR Chillun S. Hima DATE AUG 1 5 '61 15M 9/59



TO HOLF TAL OR ALTENDAY OF PHYSICIAN: The law requires may me occur. death. Page 4 may be retain by the hospital or attending physician. TO FUNERAL DIRECTOR: Arrest his certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND (18952) CERTIFICATE OF DEATH

	PLACE OF DEATH					III .		ENCE (W)	nare da	caased livad, If		lasidano	a befora e	dmission)
	Calvert			TVC2	ARYLAND	a. ST		vland		b, cour	Calve	ar+		
	b. CITY OR TOWN (f outsida corporata limi	ts,	c. LENGTH OF		c. CI	1		e corpo	orate limits, writ			nearest tow	(n)
F	rince Free	give nearest town)		1 6	lav	X	North	Beach	1					
_		AL OR INSTITUTION (if not in hos		4/		REET ADDRE		-		-			ESIDENCE
. (Calvert Con	enty Genera	1 Hos	pital		3rd	& Fre	ederic	k S	treets			1	A FARM?
3.	NAME OF	Finit	-	Midd	lle	()	Last	4, D.		Mont	h	Day	Yea	
	(Type or print)	FREDERICK		JOSEPH		HOFFM	AN	D	F EATH	Augus	t 3rd	ı,	19	61
5.	SEX	6. COLOR OR RACE	7. MARRIE	D TNEVER MA	RRIED	. DATE O	FBIRTH		19.	AGE (In yeers			IF UNDER	
	Male	White	WIDOWE	D DIVO	ORCED	June	7th. 1	1885		76 yrs.	Months	Days	Hours	Min.
		ON (Give kind of world		IND OF BUSINES	S OR INDUST				ata, or i	foreign country)	12. CITI	ZEN O	F WHAT	OUNTRY
P]	late Printe	rking lifa, avan if ratira erRetired	U.S	.Gov't		G	ermany	v				U	ISA	
	FATHER'S NAME						HER'S MAIL	,			1			
	Frederick	J. Hoffman				Mar	garet	(Un	kno	(בדשי				
		R IN U.S. ARMED FOR		SOCIAL SECURI	TY NO. 17.	INFORMA	INT	-	-	Address	17 1-1-	D-	1	373
(Ta	NO (II	yasgivewarordatasofs None		78-05-27	44 Ne	llie .	A. Hof	ffman,	3r	d & Fre	North	St	ach,	Md.
14	18. CAUSE OF D	EATH [Enter only one	causa par	lina for (1), (b), a		1	0					INT	ERVAL BE	
		H WAS CAUSED BY:		1tca	A-	-	leu	2				ON	SEI AIW	PLAIN
	3 45	DUE TO	12		V									
	Conditions, if any		(1	ann	0-62	Ein	Set	Tres	n	سر				
	gave rise to immedi	ala causa			(-		10	2						
	(a), stating the uncause less.	ndarlying DUE TO	0	- 1 2	long	101	20	ler	سهر	*				
-		SIGNIFICANT CONDI	TIONS CON	NTRIBUTING TO I	DEATH BUT NO	OT RELATED	TO THE TE	RMINAL DIS	EASE (CONDITION GIV	EN IN PART	1(a) 1	9. WAS A	UTOPSY
TIO	TAKI M OTHER	Diditing and	100110 400									-	PERFC	PRMED?
FICA	20a, ACCIDENT W	S LIMBERT VINC TO	206 055	CRIBE HOW INJ	LIPY OCCUPE) (Enter na	ura of Iniur	v in Part I or	Dart II	of itam 18.)			res	NO I
CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	200. 063	CRIBE 110 11 IND	OK! OCCOAL	24 (erman na	ora or myar	y 111 T WIT T OI	2011 15	or num sus,				
MEDICAL	20c. TIME OF INJU	RY Month, Day, Ya		INJURY OCCURR			URY (Homa, office bldg.		, (City	or town)	(Cou	nly}		(Stata)
MED	Hour a.m.	19	White at wor							1	7	11		
	21. I certify t	hat (I) (this hospi	tal) atten	ded the dece	eased from.	sule	25	, 19	, to.,	aug	 , 19.	W , 1	hat (I)	(we) las
	saw the deceas		que-	- 10			occured a	111		the causes				
	22a. SIGNATURE	1	201					1.12		1110				. DATE
		Curyo	1000	weil		A.D. PHY	ENDING	MED. DIRECTO	OR [STAFF PHYS.				SIGNED
	22c. PHYSICIAN'S	000	1 (1.17	M 102 11 1	1,0	ADDRESS	17	1	<u> </u>	,		X	14/1
	NAME (Typa)	100	120	1000	2111-0	7		24	4	nu	~		01	1/0
23	a. BURIAL, CREMATI		REOF	23c. NAME C	OF CEMETERY	OR CREMA	TORY	23d.	LOCA	ATION (City, to	wn or county	y)	(S	tata)
	REMOVAL (Spacity)	8/7/196	1	Washin	gton N	at'1 (em.	S	uit!	land Rd	. Pr.G	00.	Co., N	/ld.
24	FUNERAL DIRECTOR	1 /		ADDRES						RAR 25b. RE				
		s Company,	517-	-11th St	t.S.E.W	ash.D	C DATE	AUG	7 3	61	arthur.	2 40	in HA	
l							,	A MARK			- 100 m	F 10	ACCOUNT OF THE PARTY OF T	

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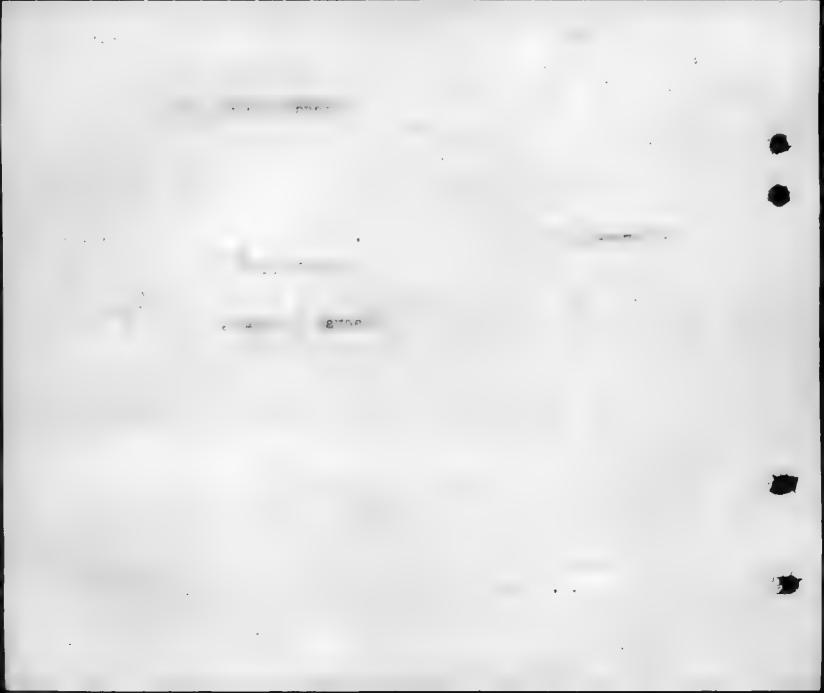
DITISION OF	SIMILIAND	WESTWARE	WILL	UPP OV	D J —	DAMELI
	CEI	RTIFIC	ATE	OF	DE	ATH

1.	PLACE OF DEATH OF COUNTY MARYLAND	2 USUAL RESIDENCE Where the cosed lived If institution: Ren o. STATE b COUNTY	ydence before odmission)
	B. ATY OR TOWN (If outsidercomprote limps) write c LENGTH OF STAY IN 16		and give nearest town)
1	d MAME OF HOSPITAL (IPnoty) hospital grave street gdd/ess)	Tracys Landing	a. IS RESIDENCE
-	Cultural to Hospalely	Ark Haven Club	ON A FARM? YES NO T
3.	NAME OF DECEASED (Type or print)	4. DATE OF DEATH Month	20 1961
1 5.	SEX M 6. GOLOR OR RICE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTA 9. AGE Mn years lost birthday) Mont	hs Doys Hours Min.
R	etired- Electrical Engineer-PEP	JSTRY 11 AIRTHULACE (Value or foreign country) 12.	U.S.A.
13.	Fliner Johnson	Fannie Platt	
	WAS DECEASED EVER IN U. & ARMED FORCES? 16 SOCIAL SECURITY NO 17 (If yes, grywar or denes of service. WWI 577-05-0661)	Mis R. P. Johnson Pel	Ark Haven
	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), storing the under-lying couse lost. (c)	ma of dang	
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED YES NO S
CERTIFI	20a. ACCIDENT WAS UNDERLYING ☐ CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Port I or Port II of item 18.)	
MEDICAL	20c TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. P. White Not white of work of work of the process	PLACE OF INJURY (Home, form, 20f (City or town) octory, street, office bldg , etc.)	(County) (State)
	21. I certify that (I) (this hospital) attended the deceased from sow the deceased olive an 2, 2, 196 found that	deoth occurred 24) M, from the causes and on	the dote stated above.
	220 SIGNATURE What	M.D. ATTENDING MED STAFF DIRECTOR PHYS	22b DATE SIGNED
	22c Physician's H.W. Ward	The wing Me	d
23	burial Cremation, 236 Date Thereof REMOVAL (Specify) 8/30/1961 Arlington	OR CREMATORY 23d. LOCATION (City, lown, or court National Cen Arlington.	
24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 1901-1	250. REC'D BY REGISTRAR 25b. REGISTRAR	

TO HOSPIT OR ATTENDING PW. CIAN: The law requires that the death certificate be executed within 24 hower often leath. Page 4 may be recorded by the haspital physician.

TO FUNERAL DIRECTOR: After this criticale has been signed by the oftending physician and camples of filled in the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the State Baard of Houlth prior to burial, cremation, or remayol, and in any event, within 72 hours after death. CIAN: The law requires that the death certificate be executed 🗠

VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

08948

	_			
		PLACE OF DEATH O. COUNTY Calvert MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution Residence by STATE b. COUNTY	efare admission)
	ŀ	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	negrest town)
		Trince Frederick Rued 15 days	Baltimere	1
		d NAME OF HOSPITAL (IF not in hospital give street oddress) OR INSTITUTION Laborate County Hospital	330 / Rompania average	on a farm?
71	3 1	NAME OF First Middle	Last 4. DATE Month	Day Year
	1	DECEASED (Type or print) ANDREW	ROCK DEATH Aug 2	19 61
	SS	SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9 AGE (In yells) 18 18 9 AGE (In yells) Wonths Do yes	EAR IF UNDER 24 HR: ys Hours Min.
	10a.	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN	S . A
	13.	FATHER'S NAME	14. MOTHER'S MALDEN NAME	<u> Э.д.</u>
)		John Rock	Julia Gross	
	15. [Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (b) no. or unknown) [1] yes, give wer or dates of service)	NFORMANT	_
		216.09.1773 (Comentine ROCK 3301 mondan	unane
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)]		INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Myocardial	Infarcless	15 day
		DUE TO	6.	
		Conditions, if any, which gove rise to immediate (b).		
		couse (a), storing the under- lying couse last.		
	Z	, , , , ,	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 14	o) 19. WAS AUTOPS
	CATION		- T	PERFORMED?
	CERTIFI	200. ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Port I or Port II of item 18)	
	CAL	20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PI	LACE OF INJURY (Home, form, 20f (City or town) (Coul	nly) (Stote
	MEDI	Hour o. m. P. m. 19 White Not while of work	octory, street, office bldg., etc.)	
		21. 1 certify that (I) (this haspital) attended the deceased fram.	aug 13 . 19 61. 10 lug 29 , 19 6.	that (I) (we) la
-		saw the deceased alive an aug 12 19 6% and that	death accurred at 23 M, from the causes and on the d	
		220 SIGNATURES I DOLLAR	M.D ATTENDING MED STAFF M.D PHYS DIRECTOR PHYS	22b DATE SIGNE
		22c. PHYSICIAN'S GEORGE J. Weems, M. D.	Hanting town, Ind.	
	23a	BURIAL CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY	OR CREMATORY 23 (ROCATION (City, lown, or county)	(Stote)
		a 1-2-61 chine	n com, surry arrest to	ATIOS
	24.	FUTTAL DIRECTOR'S SICHARDSON 134/8 APPRESS NO	250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGN. DATE MIG 3 1 '61	

s offer death. Page the funeral director, should be filled with TO HOSPITAL OR ATTENDING PLANCIAN: The low requires that the death certificate be executed within 24 hours often may be recorded by the hospital tending physician.

TO FUNERAL DIRECTOR: After this softicate has been signed by the attending physician and compless filled any the fup page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shouthe State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 1SM II/S9



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TO HOSPITA R ATTENDING PH may be requested by the hospital TO FUNERAL DIRECTOR: After this

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

118947

	PLACE OF DEATH O. COUNTY MARYLAN MARYLAN		USUAL RESIDENCE (Whe		. If institution b. COUNTY	Residence befo	are admission)
L	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	lb ,	c. CITY OR TOWN (IF OU	tside carporate li	mits, write RUI	RAL and give ne	
4	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Calvert County Hospital	1	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print) PANIEL Middle	c	SEWELL	4. DATE OF DEATH	Aug	D	9 19 6
5.	6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. D	Lene 2 7/8	786 9. AC		F UNDER 1 YEAR Manths Days	Haurs Min.
100	USUAL OCCUPATION (Give kind of wark dane during most of working life, even if retired)	IDUSTRY	11. BIRTHPLACE (Slote o Maryland	r foreign country		12. CITIZENO	5. A
13.	FATHER'S NAME James Sewell	1	4. MOTHER'S MAIDEN NA	AME 24	hite		
(Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 18. no. or unknown) (If yes, give wor or dotes of service) 2 18-30-4273	7. INFO	emant ina Bro	Joles, 10	Addre	- 1-1	u. Four
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Failur DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last. (c)	e					TERVAL BETWEEN ISET AND DEATH
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NO	T RELATED TO THE TERMIN	HAL DISEASE COM	NDITION GIVE	N IN PART 1(a)	19. WAS AUTOPS' PERFORMED? YES NO
CERTIFI	20a. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IRRED. (E	Enter nature of injury in Pa	art Lar Part II of	item 18.)		
MEDICAL	20c. TIME OF INJURY Manth. Day, Year 20d. INJURY OCCURRED 20d. Haur a. m. 19 While Nat white at wark at wark		OF INJURY (Hame, farm, street, affice bldg., etc.)		wn)	(Caunty) (Staf
	21. I certify that (I) (this haspital) attended the deceased from saw the deceased alive an 8/8/19_61, and the last transfer of the saw that th		ATTENDING ME	D ST			hat (I) (we) la e stated abave 22b. DATE SIGNE
	22c. PHYS (AN'S NAME (Type) Wr. George J. Weems		22d. ADDRESS Huntingtown	7			4 4 4
230	REMOVAL (Specify) 8-13, 61 23c. NAME OF CEMETE	LUU	REMATORY	Prune	(City, tawn, or	-clarie	k, Md
24.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS P. E. Sevial Prime F	neo	leuch DATE A	UG 1 5 '61	25h REGIST	than's signatural. H	URE Cours

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The Par All Empired Francisco and Tage Indian requires inor included the executed within 24 hours offer death. Fage 4		RAZ DIRECTOR: After this firate has been signed by the attending physician and cample.	drift	
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VS A15 (4) 15M 10/57 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
8955
CERTIFICATE OF DEATH

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Reg. Dist.	No.	11	0	y	#	C

1. PLACE OF DEATH D. COUNTY	Calvert		MARYLA		USUAL RESIDENCE	(Where decease yland	b. COUNTY	Calv	e before rert	admission)
RURAL and give no		ls, write	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN	(If outside carp	orate limits, write f	RURAL ond g	ive neare:	st fown)
Prince Fi			10 days	2	Dunkir	k				
OR INSTITUTION	AL (If not in hospital, g				d. STREET ADDRESS	\$				IS RESIDENCE ON A FARM?
	County Hos	pita	A STATE OF THE STA	1 3						res 🔂 NO 🔲
3. NAME OF DECEASED (Type or print)	Fir	st	Middle	387 × × 00	lost	4. DATE OF DEATH	Mor		Doy	Yeor
	LUCY	-			TINGTON	DEATH	- sugui		5	19 61
5. SEX Female	6. COLOR OR RACE	VIDOWE	DIVORCED	3	une 21.	1882	9. AGE (In years lost birthdoy) 79 yrs			UNDER 24 HRS.
10g. USUAL OCCUPATIO	ON (Give kind of work	done 10b.	KIND OF BUSINESS OR I					112. CITI	ZEN OF	WHAT COUNTR
during most of worl	ting life, evan it retired								SA	
Housewij 13. FATHER'S NAME	(e		Domestic	1.	Maryla				~	
IS. FAIRER S NAME				[1	. MOTHER'S MAIDE	N NAME				
John V	V. Cattert	on			Laura Car	ttertor	1			
15. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. INFO	TAM		Add	ress		
No		,		R	aymond W	hitting	ton, Du	nkirk,	Maı	yland
		use per lin	ne far (a), (b), and (c).]	1)					INTERV	AL BETWEEN
PAKI I. DEA	PART I. DEATH WAS CAUSED BY: CANCEL LECTER DEATH ONSET AND DEATH									
723	723 COUE TO D									
Conditions, if o	ny, which)	Crun	JAAD le un	con	1011	host	-1/	12.1	4	-01
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	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY									
O PART II. OTH	IER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DEATH	BUT NOT	RELATED TO THE TE	RMINAL DISEAS	FEMOLITION GIV	EN IN PART		WAS AUTOPSY PERFORMED? ES [] NO []
PART II. OTH	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCU	JRRED. (E	nter nature of injury	in Part I ar Par	t II of item IB.)			
20c. TIME OF INJUR Hour o. m.		or 20d. IN	JURY OCCURRED 200	PLACE factory.	OF INJURY (Hame, f	form, 20f. (Cit	y or tawn)	(Co	ounty)	(Stole)
p. m.	19	of work								
21. I certify that I attended the deceased from May , 1961, to Quegust 1961, that I last saw the deceased										
alive on Co	110 1	196		7	4	70 /1				ø
DILAC OUSSINGS	7	190	and that de	eath oc	urred at		n the causes o		e date	
ACTUAL /	Y 618	1	1/2/19		121	ADDRESS (S	freet, city or town,	slote)		DATE SIGNE
SIGNATURE	guille		ICIN	M.D.	see	uno	120	De	ue	18/
PHYSICIAN'S	DI	-0	10 1-		-11	4 40 40	+			
NAME (Type)	116	E	(· JE	-/	1 1781	NOF	TPF	DE	210	2/5
220. BURIAL, CREMATIO	M. 22b. DATE THEREO	F	22c. NAME OF CEMETER	RY OR CR	EMATORY	22d. 1OCA	TION (City, town,	or county)		(Stote)
REMOVAL (Specify) Burial	Aug. 8.1	1961	Smithville	60-	eterv					
23. FUNERAL DIRECTOR"		201	ADDRESS	CHI	VI	FC'D BY REGIS	Kirk Mar	y Land STRAR'S SIGI	MATLIPE	
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